

# Reaching for the Gold Star

AN OVERVIEW OF THE
CULTURAL COMPETENCY
AND THE
ADVANCED PLACEMENT (PEGS) TOOLS

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## **Cultural Competency**

• .... a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

-The Office of Minority Health US Department of Health and Human Services

#### Culture

• .... integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

-The Office of Minority Health US Department of Health and Human Services

### Competence

• ..... having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

-The Office of Minority Health US Department of Health and Human Services

## **Cultural Competency**

• .... the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group.

"A Cultural Competency Standards Crosswalk Between OMH CLAS Standards and Joint Commission/URAC/NCQA Accreditation Standards"

*March 2007* 

## Linquistic Competency

• .... the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including people of limited English proficiency, those who have low literacy skills or are not literate and individuals with disabilities.

"A Cultural Competency Standards Crosswalk Between OMH CLAS Standards and Joint Commission/URAC/NCQA Accreditation Standards"

*March 2007* 

## Why Cultural Competency is Important

• "The importance of knowing how to properly treat patients from various cultures, religions and ethnicities can have a lasting impact on their health."

"A Cultural Competency Standards Crosswalk Between OMH CLAS Standards and Joint Commission/URAC/NCQA Accreditation Standards"

*March 2007* 

## Medicaid Managed Care

- Cultural Considerations
- Each entity must participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

42 CFR 438.206(c) (2)

## DMH/DD/SAS

- Providers should view life-long cross-cultural learning as both desirable and clinically necessary.
- All providers engaged in direct patient care should take an active interest in increasing their cultural competency.

Cultural and Linguistic Competency Action Plan October 2006

## Provider Agencies

Routine Status - Evaluated after 1st year

Advanced Placement (PEGS) – Progress evaluated at all phases

## Licensed Independent Practitioners

Evidence of development and implementation of a cultural competency plan

#### Phases

- Self-Assessment Completed by the provider
  - Provider earmarks the supporting documentation included in packet submitted to LME/MCO to facilitate desk review
- Desk Review Conducted by the LME/MCO
  - × Typically review of policies and procedures, brochures, training curriculum, etc.
- On-Site Verification Conducted by the LME/MCO
  - Could include review of recruitment/personnel practices, interviews of stakeholders, etc.

#### Areas Assessed

- Infrastructure
- Policies, Procedures and Practices
- Recruitment and Hiring Practices
- Opportunities for Skill Enhancement and Training
- Organizational Composition and Climate
- Programs and Services
- Communication

- Written cultural diversity plan
- Mission and Vision Statement
- Infrastructure to implement effective strategies (e.g., in human resource development, involvement of community)

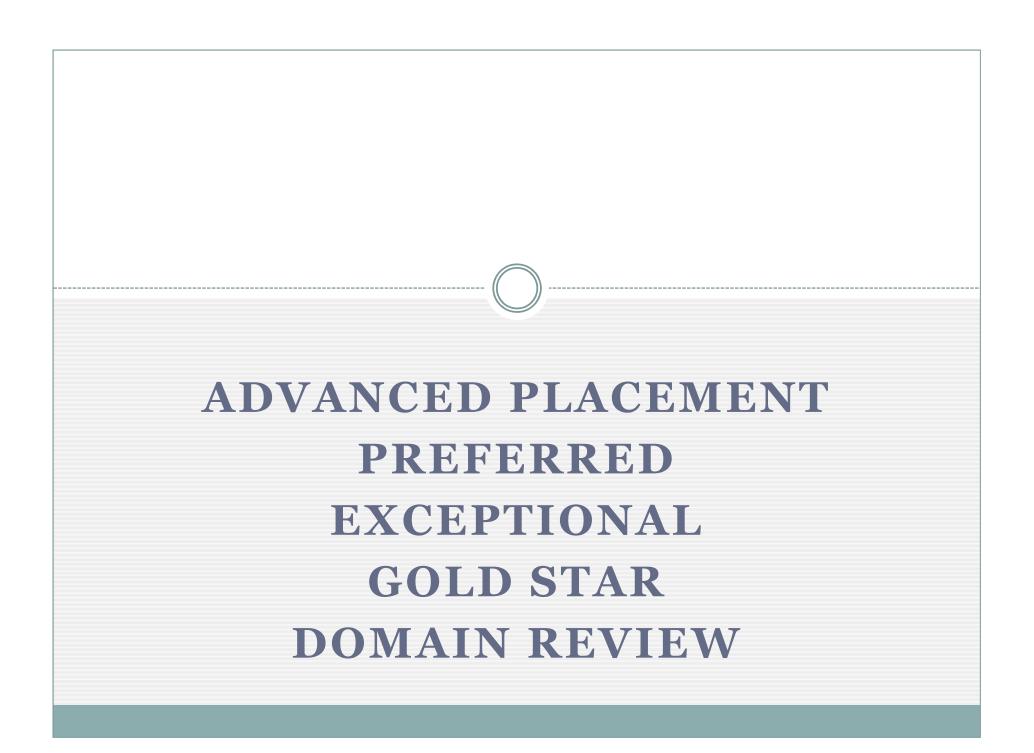
- Updates plan to reflect changing dynamics and needs of the community/individuals served
- Demonstrates knowledge of the culturally diverse populations in service area
- Sets and achieves targets as part of its strategic plan

- Implements policies that embrace multiculturalism, anti-racism, employment equity and access.
- Outreach to culturally diverse groups evident in recruitment strategies
- Commitment to cultural competence included in staff orientation

- Provides ongoing training opportunities to enhance cultural sensitivity among staff
- Management, workforce, committees are reflective of the individuals served and the community-at-large
- Provides a welcoming environment for people with disabilities from diverse social, ethnic, racial, economic, or religious backgrounds

- Has established professional and informal relationships with the community that build trust and acceptance in the service delivery system
- Has partnerships and collaboration with nontraditional and other organizations with ties to the community
- Has developed relationships with other providers when the needs of the individual require special expertise

- Provider has the opportunity to meet an item during the desk review or during on-site verification unless otherwise specified.
- If an item is met during desk review, the item does not need to be reviewed during the on-site verification.
- The tool is being designed so that the results of the self-assessment, desk review and on-site verification are documented on the same form.



- Voluntary request initiated by the provider
- There are minimum prerequisites for length of time in the public MH/DD/SA system:
  - Routine Status 6 months
  - Preferred Status 1 year
  - Exceptional Status 2 years
  - o Gold Star Status − 3 years

- The years of credit are not confined exclusively to the provider's tenure in the LME/MCO network to which the provider is applying for advanced placement.
- Other creditable years of service (e.g., provider contracted with other LME/MCOs in the past or the length of time enrolled as a Medicaid provider) would need to be verified.

- It is possible to apply for advanced standing upon enrollment in the network, however:
  - Regardless of the number of years in the public service system, an Implementation Review is conducted 90 days after the provider is reimbursed for the first set of claims submitted.
  - The provider does not "skip" ahead to a higher level in applying for advanced standing, the provider must also demonstrate that the agency meets the requirements of all other intervening levels.

#### Phases

- Self-Assessment Completed by the provider
  - ▼ Provider earmarks the supporting documentation included in the packet submitted to LME/MCO to facilitate desk review
- Desk Review Conducted by the LME/MCO
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- Areas Assessed
  - Self-Monitoring Quality Management Systems
  - Person-Centered Planning and Service Delivery
  - Personnel
  - Agency Functions



- Has implemented a viable CQI process
- Complaints and Grievances
- Incident Reporting
- Restrictive Interventions
- Consumer, Staff and Stakeholder satisfaction surveys
- Analyses trends
- Takes action to reduce the reoccurrence of events that negatively impact quality of care and consumer outcomes
- Comprehensive review of service system across all services and programs

- Person-Centered Planning and Service Delivery
  - A coordinated process
  - Promotes the use of natural supports
  - Utilizes research-based best practice standards consistent with the service provided and the population served
  - Culturally sensitive

#### Personnel

- Training plan is based on needs assessment and results of QI studies and provides for competency-based instruction
- Individual supervision plans and performance evaluations include opportunities for professional growth and skill enhancement for all staff

#### Agency Functions

- Strategic plan reflects areas identified through internal and external quality reviews and assessments
- Participates on local or state-level committees that promote current or emerging best practices
- Serves as a mentor or role model for other providers
- Agency is financially solvent



- Self-Assessment
- O Desk Review
- On-Site Verification
- Interviews

- Application for Advanced Status
  - Self-Assessment
  - Desk Review
  - Cultural Competency Tool
  - Post-Payment Review
    - ➤ Preferred Status 20 paid claims
    - ▼ Exceptional Status − 15 paid claims
    - ▼ Gold Star Status 10 paid claims



- Preferred Status = 85%
- Exceptional Status = 90%
- o Gold Star Status = 95%



- Preferred Status Every 2 years
- Exceptional Status Every 3 years
- o Gold Star Status Every 3 years

#### Subsequent Reviews

- O Domain Review Tool
- Cultural Competency Tool
- Post-Payment Reviews

 Post-payment reviews for PEGS are based on the mix of services provided by the agency

#### Domain Review Tool

- Health and Safety
  - Incident Reporting and Monitoring
  - Status with Other Regulatory Entities
  - ■ Responsiveness to Provider Complaints

#### Quality Performance

- Level of maturity/sophistication of quality management program
- ▼ Participation in the LME/MCO's Global CQI process

### What About Advanced Standing for LIPs?

- Advanced standing for LIPs is based solely on the provider's performance on Gold Star monitoring
  - Preliminary Status
    - × Attained < 85%
    - Monintored annually
  - Preferred Status
    - $\times$  Attained >= 85%
    - ➤ Monitored every 3 years
  - Methodology
    - LIP Review Tool
    - Post-Payment Review (N= 10 paid claims)

### **Additional Information**

 For the latest updates on new developments in Gold Star Monitoring, go to the Provider Monitoring Web page:

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

### Questions

 Please send your questions to the Provider Monitoring mailbox :

gold.star.provider.monitoring@dhhs.nc.gov

or

provider.monitoring@dhhs.nc.gov

• A topical index of FAQs is posted on the Provider Monitoring web page.